

BLS Certification Test Committee
Marriott West – Innsbrook Richmond, Virginia
February 13, 2008
10:30am

Members Present:	Members Absent:	Staff:	Others:
Jeffrey Reynolds Diane Hutchison Teresa Ashcraft Debbie Akers Mel Losick Paul Fleenor Steve Wade	Tom Olander Dreama Chandler Kathy Eubank	Greg Neiman Chad Blosser	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at: 10:40am.	
II. Approval of Agenda	The Committee reviewed the proposed agenda. (Attached)	Motion By: Debbie Akers To: Accept the agenda with changes Second By: Mel Losick Vote: Unanimously
III. Introductions	Members of the Committee and Guests introduced themselves.	
IV. Moment of Silence	The Committee observed a Moment of Silence in Honor of George W. Brown.	
V. Approval of Past Minutes	The Committee reviewed the minutes of the November 28, 2007 meeting. (ATTACHMENT: A)	Motion By: Mel Losick To: Accept the minutes as presented. Second By: Diane Hutchison Vote: Unanimously Approved

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
VI. Discussion of Concerns	<p>The Committee reviewed and discussed the e-mail and letters forwarded by Tom Olander regarding the direction of the Committee. (ATTACHMENT: B)</p> <p>Greg Neiman forwarded the concerns of the Professional Development Committee that the Committee should move forward with the NREMT check sheets and not spend so much time rewriting them.</p>	
VII. Review of NREMT-B Check Sheets	<p>The Committee reviewed the NREMT check sheets and the proposed practical stations. (http://www.nremt.org/EMTServices/exam_coord_man.asp?secID=1#BSkillSheets)</p> <p>There was discussion about Bleeding Wounds/Shock and the Committee felt the NREMT sheet did not adequately evaluate the skill.</p> <p>The Committee discussed the Med Administration Random Skill. They unanimously felt it should not be tested. (ATTACHMENT: C)</p>	<p>Motion By: Diane Hutchison To: Modify the Proposed FR/EMT Practical Stations to remove Med/Admin from the list. Second By: Mel Losick</p> <p>Vote: Unanimously Approved</p>
VIII. Other Items/Public Comment	None	
IX. Assignments for next Meeting	<p>Read the EMT-B Practical Examination Users Guide (Greg to resend)</p> <p>Review the Critical Criteria on each sheet</p> <p>Jeffrey Reynolds will complete the Bleeding/Wounds Skill Sheet</p> <p>PJ and Debbie will review the current Scenarios</p> <p>Greg Neiman will begin drafting a proposal document that will go to PDC in April</p> <p>Next Meeting March 19, 2008, 10:30am Location: TBA</p>	
X. Adjourn	The meeting was adjourned at 2:00pm	

BLS Certification Test Committee
February 13, 2008, 10:30 am
Location: Marriott West - Richmond
Agenda

- I. Welcome
- II. Approval of Agenda
- III. Introductions
- IV. Moment of Silence in honor of George W. Brown
- V. Approval of Minutes from 11/28/07
- VI. Discussion of Concerns
- VII. Review of NREMT-B Check Sheets
- VIII. Other Items
- IX. Assignments for next meeting
- X. Adjourn

February 13, 2008 Minutes of the BLS Certification Test Committee ATTACHMENT: A

November 28, 2007 Minutes of the BLS Certification Test Committee

**BLS Certification Test Committee
Marriott West-Richmond, Virginia
November 28, 2007
10:30 am**

Members Present:	Members Absent:	Staff:	Others:
Jeffrey Reynolds Mel Losick Kathy Eubank Tom Olander Steve Wade Debbie Akers Diane Hutchison	Dreama Chandler Helen Nelson PJ Fleenor-Excused	Greg Neiman Thomas Nevetral Chad Blosser	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 1050	
II. Introductions	No introductions were necessary	
III. Approve Minutes of Previous meeting	The Committee reviewed the minutes from the September 19 th , 2007 meeting (Attachment A)	Motion By: Mel Losick To approve the minutes as presented. Second By: Steve Wade Vote: Unanimously Approved
IV. Review of Proposed Check Sheets	The committee reviewed the skill sheets that had been completed by the members. (Attachment B)	
V. Other Items	There were no other items	
VI. Assignments for next	Committee members should complete and submit outstanding work to Greg Neiman electronically by	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
meeting	January 15 th , 2008. Greg will send the electronic copy of the BLS Practical Examination Manual to the committee and they should edit with track changes and submit back to him electronically by January 30 th .	
VII. Establish Next Meeting Date	February 6, 2008 10:30am Location TBA	
VIII. Adjournment	The Meeting was adjourned at 1430	

February 13, 2008 Minutes of the BLS Certification Test Committee ATTACHMENT: B

Concerns Regarding the Committee's Direction and Proposed Changes

Gregory Neiman-OEMS

From: Olanderte@aol.com
Sent: Monday, January 28, 2008 5:23 PM
To: Michael.Berg@vdh.virginia.gov; Gary.Brown@vdh.virginia.gov;
 rpabernathy@co.hanover.va.us; Gregory.Neiman@vdh.virginia.gov;
 Warren.Short@vdh.virginia.gov; jreynolds@gamewood.net; Ken.Pullen@vdh.virginia.gov
Cc: Olanderte@aol.com
Subject: Proposed Changes to EMTB Testing in the Commonwealth
Attachments: TestinglettersfromT.O..doc

Well over a year ago the BLS Certification Test Committee first met to look at whether or not there was a problem with testing at the initial EMTB level in the Commonwealth. After several meetings a vote, not fully supported by all members of the committee, was taken and the majority of the members present felt that the current system of evaluating EMTBs was broken, unfair and too subjective and needed to be drastically changed. I did not support that feeling, and still do not. The proposal to dramatically change how the test is administered, evaluating individual skills and verbalizing treatments for the medical and trauma scenarios, takes the Commonwealth EMS system back to where we were twenty years ago.

Unlike some members of the committee, I have continuously administered the Commonwealth EMTB tests in Northern Virginia since mid 1993, averaging thirty tests a year, and can assure you that there is nothing subjective about the testing. The scenarios have clear objectives and there are clear critical criteria. If there is a problem with a failure, it is discussed with the other examiner, the evaluators, and sometimes the patient, and any failure, of either one or both students, is well documented. If there is a problem with an evaluator, that evaluator is counseled, retrained or removed from the evaluator list. If we need to change something, change the scenarios, retrain the evaluators but don't change a system which is not broken.

I have attached several letters from members of the EMS community in the Northern Virginia area who responded to a request for comments on the proposed changes. This sampling, while not an extensive list, does represent the community college, a university, as well as paid and volunteer jurisdictions and expresses concerns over the proposed changes. I only ask that you read each letter and the comments and concerns expressed by the individuals who took the time to express their feelings.

Tom Olander
 (home) (703) 266-9531
 Pager/voice mail (703) 721-6562
 olanderte@aol.com

Start the year off right. [Easy ways to stay in shape](#) in the new year.

January 15, 2008

To whom it may concern:

I am writing in regards to the proposed changes to State EMT-B testing. It seems that the State is considering changing EMT-B testing to several isolated skills plus medical and trauma patient assessment with verbalized treatments. If this is the case, I have some serious concerns with this direction.

When the State moved to scenario based testing with hands-on treatment, this was a step in the right direction. This gave the students an opportunity to demonstrate that they understood patient assessment and how to actually treat a patient. While these tests looked for the bare minimums it gave an idea of where these potential candidates stood. If we go to verbalized treatment only, it only shows that they can verbalize “what” should be done. In no way does this mean that the candidate could perform any of the skills. When the EMT-B programs went with this, I hoped that the ALS programs would follow. This was not the case, and to make things even more challenging, the National Registry of EMTs does not require actual demonstration of skills. This is a strong weakness in their testing and in our ALS testing. Just because National Registry does it that way or other localities do it that way, does not mean it is better.

I have heard concerns that the testing now is too subjective, I find that hard to believe, when as far as I am concerned, the testing process gives very little wiggle room. We have been told consistently, that we need to go by the testing sheet and the critical criteria listed on the sheet. If it is not there, then you cannot give the candidate for it. I don't see how you can be subjective with those directions. I am not sure, if this is only a Northern Virginia mandate, but I am fairly certain that we are being given direction that is in line with the State's desires.

As for the individualized skills, the training institutions need to be making sure that individual skills are being done prior to State testing. If this is not being done, then how are the completing skills objectives in the curriculum which call for testing at the end of certain units measured or evaluated? The purpose of State testing, I believe should be to make sure that the candidate has a good understanding of what they have learned, not just isolated skills.

It seems to me that the way we teach students needs to be evaluated. I know that is being done now, since I sit on that committee. Let's not try to fix something that is not broken. It may need some tweaking. I think it is important that the State also consider the financial and logistical impact that changing testing will have on training facilities. Let's not fall into the same dilemma that the National Standard curriculums have created for

EMS training. We changed everything to EMT-B, I, and P now that we (State of Virginia) complied, the DOT. Is looking at changing again which is going to lead to chaos in education, let's not fall into a similar trap.

With this in mind, I ask you to please reconsider the idea of switching testing again. I have worked/taught in systems that test this way and it is not better.

Thank you for your time and consideration.

Jose V. Salazar, MPH, NREMT
EMS Battalion Chief
Loudoun County Department of Fire,
Rescue, and Emergency Management

Jose Salazar, EMS Battalion Chief, Loudoun County Fire and Rescue was recently appointed to the newly formed National EMS Advisory Council. The NEMSAC will be a nationally recognized council of EMS and 9-1-1 representatives and consumers, who will provide advice and recommendations to NHTSA's EMS program on a broad range of issues.

Tom and Holly,

I apologize that I do not have time to do this justice, but some of my basic thoughts about the process and proposed changes. As a point of reference, I am a state EMT-B Evaluator (not Instructor) and evaluate fairly frequently at Loudoun County, state, and Registry test sites at the B, E, I, and P levels.

1. I am really not sure how people come up with the current EMT-B testing being "so subjective". Under the current model, you can only fail students for very specific critical criteria that for the most part are very specific. Is the complaint that the subjectiveness results in too many passes, too many failures, or simply too much variance?
2. Going to point grading does not take subjectiveness out of the picture. Short of introducing truly objective criteria for scoring, evaluation is always going to be subjective. I guess we can break out calipers, rulers, tension measuring devices, and extremely exhaustive checklists, but then the testing process is going to be incredibly tedious. I for one really do not want to have to spend as much time scoring a scenario as the scenario took to begin with.
3. The only complaint I have heard about state testing from evaluators is that it is perhaps too easy. Having to pass someone who obviously doesn't have their act together because they did not miss any critical criteria can be a bit frustrating. Again, however, I am not sure how going to a bunch of point based skill stations addresses that.
4. Is the focus on improving the certification process in the right place? If the concern is that some programs (most likely not in NOVA) are signing off on skills that people have not mastered, then the focus should be on how to audit and address the Instructors and programs.
5. Logistically this will be a nightmare for all the reasons Melinda noted. We would have to go to full day test sites in order to evaluate all the skills, etc. with even a medium sized group of students.

If we do end up going to skill-based stations again, then it would make sense to just utilize the National Registry stations for EMT-Basics. At least it would provide a consistent point of reference.

I apologize for the brevity of these comments. If you would like to discuss any aspect of them in more detail, please email me and we can set up a time.

Respectfully,

Lt. Steven Porter, NREMT-P
Training Officer

Loudoun County Volunteer Rescue Squad (613) Leesburg, Virginia

Tom:

I have found in the past that the "individual" or "points" system can easily be circumvented by an individual who should never be allowed on the streets. OWL had an EMT who for 12 years was able to display how to, but in the field did not know when to apply the individual skills.

I think there has to be some way of making sure that the skills are applied at the appropriate time and in the appropriate situation. (I always say -- I can teach my granddaughter at 5 how to assemble an O2 tank or apply an oxygen mask but she would not know when to do so and why!) Since the curriculum has taken out some of the background knowledge bases and dummed down the classroom parts, to go back to passing these people just on the basis of whether they can apply a hare traction splint, which is rarely used in the field, is another dumming down step. I think this is a big mistake for VA to take.

Maureen Yannuzzi
OWLVFD

Tom,

I'm not sure if this will help or not, but DC (don't shudder) currently uses a mix of Registry sheets w/scenarios. They took the Reg sheets as a template and 'tweaked' them.

They include the point awarded system but have the individual scenarios built into the sheet...

ie. In the Initial assessment for the airway/oxygen step..it directs the evaluator...must use the head/tilt or jaw thrust, whichever is applicable to the specific scenario.

Rapid assessment:

Chest--must expose-flail segment found only if exposed..if found, must manually stabilize then secure segment properly. (I know they don't define properly, but it's DC. they did what they could at the time)

The sheets were expanded to be a bit more specific(read -more step by step). There are both stable/unstable scenarios for Trauma and several for Medical (hyper/hypothermia, seizures, assisted meds, meds but contraindicated to give,etc.).

While it will take a development of scenarios, you all have done that already.

It will mean that you would have to xerox copies of the scenarios at the site or haul them around, depending on numbers at the site and be a but more vigilant about handing out the scenarios, etc.

While there are a lot of things that I disagree with in DC, their sheets do minimize the subjectivity of the evaluator while still incorporating it in a scenario based evaluation.

I personally would dislike the return of the 'old' individual scenarios. While indeed it would ensure that a student was able to apply a traction splint, it does not do so in a scenario. We all know the classroom setting is not real life, the use of scenarios is the best we can do to help prepare students for the correct application of the skills they have learned in the course.

My fear is that with return of the individual stations, a student will be able to verbalize the steps of the assessment without touching the patient AND verbalize the appropriate treatments instead of demonstrating them. Cognitive knowledge is evaluated by the written exam. Skill stations are evaluating their application of the knowledge along with the psychomotor skills. The student should be required to definitely demonstrate their skills.

Wanda
George Washington University
EMS Programs

February 13, 2008 Minutes of the BLS Certification Test Committee ATTACHMENT: C

Revised Proposed Practical Stations

BLS CERTIFICATION TEST COMMITTEE
PROPOSED PRACTICAL TEST STATIONS
WORKING DRAFT ONLY - DO NOT CITE OR QUOTE
REVISED - February 13, 2008

